



**Board for Barbers & Cosmetology
 SALON, SHOP, SPA, & PARLOR LICENSE APPLICATION**

FEE \$90.00

APPLICATION FEES ARE NOT REFUNDABLE

A check or money order payable to the **TREASURER OF VIRGINIA**, or a completed credit card payment form (available at <http://www.dpor.virginia.gov/dporweb/creditcard.cfm>) must accompany your application package.

Select the license you are requesting. Select only one.

Type of License	Trans	8
Barber Shop (1304)	1020	<input type="checkbox"/>
Cosmetology Salon (1202)	1020	<input type="checkbox"/>
Nail Salon (1208)	1020	<input type="checkbox"/>
Waxing Salon (1218)	1020	<input type="checkbox"/>
Hair Braiding Salon (1223)	1020	<input type="checkbox"/>

Type of License	Trans	8
Tattoo Parlor (1232)	1020	<input type="checkbox"/>
Permanent Cosmetic Tattoo Salon (1238)	1020	<input type="checkbox"/>
Body Piercing Salon (1242)	1020	<input type="checkbox"/>
Body Piercing (Ear Only) (1246)	1020	<input type="checkbox"/>
Esthetics Spa (1266)	1020	<input type="checkbox"/>

1. Type of Business (select only one)

Sole Proprietorship ☐

General Partnership ☐

Corporation ☐

Association ☐

Limited Partnership ☐

Limited Liability Company ☐

☐ If your business is a Corporation, Limited Liability Company, or Limited Partnership, your business/trade name(s) must be registered with the Virginia State Corporation Commission. For additional information, contact the SCC at (804) 371-9733.

2. Registered Name _____

3. Trading Name _____

4. Federal Employer Identification Number _____

5. Street Address (PO Box not accepted) _____

Physical Address Required

 City State ZIP Code

 County

6. Mailing Address (PO Box accepted) _____

If a mailing address is submitted, the
mailing address
 will be printed on the license

 City State ZIP Code

7. E-mail Address _____

8. Contact Numbers

Primary Telephone () _____

Alternate Telephone () _____

Facsimile () _____

FOR OFFICE USE ONLY	ENTITY #	FILE #	APPLICATION #	RECEIPT #	RECEIPT DATE
	FEE \$90.00	TRANS CODE 1020	LICENSE # 1		ISSUE DATE

9. Enter the name, address, birth date, and Social Security number or Virginia DMV Control number of each owner of the salon/shop/spa/parlor.^Σ (i.e., sole proprietor, general partners, or association members). Corporate, Limited Partnership and Limited Liability Company names should be entered on line 2. If additional space is needed, attach a separate sheet with the information requested.

Last Name	First Name	MI	Address	Birth Date	Social Security Number or Virginia DMV Control Number ^Σ

^Σ State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a Social Security number or a control number issued by the Virginia Department of Motor Vehicles.

10. Has the salon/shop/spa/parlor or any owner ever been subject to a disciplinary action taken by any (including Virginia) local, state, or national regulatory body?

No ☐

Yes ☐ If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

11. Has the salon/shop/spa/parlor or any owner ever been convicted in any jurisdiction of a misdemeanor or felony? *Any plea of nolo contendere shall be considered a conviction.*

No ☐

Yes ☐ If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision; **and** any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If additional space is needed, attach a separate sheet of paper.

Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Richmond, VA 23261-7472. *Certified copies of court records* may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

12. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I will notify the Department if the salon/shop/spa/parlor or any owner is subject to any disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I certify that the salon/shop/spa/parlor has complied with all the laws of Virginia related to licensure under the provisions of Title 54.1, Chapter 7 of the *Code of Virginia* and the *Virginia Board for Barbers and Cosmetology Regulations, Wax Technician Regulations, Hair Braiding Regulations, Tattooing Regulations, Body Piercing, and Esthetics Regulations*.

Signature _____

Date _____